

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214503342			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HOLSTON UNITED METHODIST HOME FOR CHILDREN, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BYRUM L GEISLER 208 E MAIN ST PO BOX 2288 ABINGDON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WASHINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F1326778</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 188</p> <p style="margin-left: 40px;">CITY/ST/ZIP: GREENEVILLE, TN 37744-0188</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR. BRADLEY S. WILLIAMS TITLE: PRESIDENT/CEO ADDRESS: 215 MOUNTAIN RIVER DR. CITY/ST/ZIP/CO: GREENEVILLE, TN 37743 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MR. BRADLEY S. WILLIAMS TITLE: PRESIDENT/CEO ADDRESS: 215 MOUNTAIN RIVER DR. CITY/ST/ZIP/CO: GREENEVILLE, TN 37743	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MR. BRADLEY S. WILLIAMS TITLE: PRESIDENT/CEO ADDRESS: 215 MOUNTAIN RIVER DR. CITY/ST/ZIP/CO: GREENEVILLE, TN 37743	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR. JEFFREY MONSON TITLE: TREASURER ADDRESS: 849 AMY LEA CITY/ST/ZIP/CO: SEVIERVILLE, TN 37862 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MR. JEFFREY MONSON TITLE: TREASURER ADDRESS: 849 AMY LEA CITY/ST/ZIP/CO: SEVIERVILLE, TN 37862	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR. BRADLEY BOWER TITLE: CHAIRMAN ADDRESS: 9721 COGDILL ROAD, SUITE 101 CITY/ST/ZIP/CO: KNOXVILLE, TN 37932 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MR. BRADLEY BOWER TITLE: CHAIRMAN ADDRESS: 9721 COGDILL ROAD, SUITE 101 CITY/ST/ZIP/CO: KNOXVILLE, TN 37932	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MRS. DEBRA OLDENBERG TITLE: SECRETARY ADDRESS: 180 SUMMERHILL LN. CITY/ST/ZIP/CO: GREENEVILLE, TN 37745 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MRS. DEBRA OLDENBERG TITLE: SECRETARY ADDRESS: 180 SUMMERHILL LN. CITY/ST/ZIP/CO: GREENEVILLE, TN 37745	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. DEBRA OLDENBERG TITLE: SECRETARY ADDRESS: 180 SUMMERHILL LN. CITY/ST/ZIP/CO: GREENEVILLE, TN 37745	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MRS. NANCY CASSON TITLE: VICE CHAIRMAN ADDRESS: 231 CASSON-LIPPARD RD. CITY/ST/ZIP/CO: GEORGETOWN, TN 37336 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MRS. NANCY CASSON TITLE: VICE CHAIRMAN ADDRESS: 231 CASSON-LIPPARD RD. CITY/ST/ZIP/CO: GEORGETOWN, TN 37336	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. NANCY CASSON TITLE: VICE CHAIRMAN ADDRESS: 231 CASSON-LIPPARD RD. CITY/ST/ZIP/CO: GEORGETOWN, TN 37336	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: REV. TOM BALLARD TITLE: DIRECTOR ADDRESS: P.O. BOX 1592 CITY/ST/ZIP/CO: MORRISTOWN, TN 37816 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: REV. TOM BALLARD TITLE: DIRECTOR ADDRESS: P.O. BOX 1592 CITY/ST/ZIP/CO: MORRISTOWN, TN 37816	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: REV. TOM BALLARD TITLE: DIRECTOR ADDRESS: P.O. BOX 1592 CITY/ST/ZIP/CO: MORRISTOWN, TN 37816	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	MR. KENT BEWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 459		
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37744		
NAME:	REV. GREGG BOSTICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	132 LANE ROAD		
CITY/ST/ZIP/CO:	LENOIR CITY, TN 37772		
NAME:	MR. STEPHEN BRUMIT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	246 E. CENTER ST., STE. 208		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		
NAME:	MR. BILL CARROLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	170 VELDT LN.		
CITY/ST/ZIP/CO:	AFTON, TN 37616		
NAME:	MR. RICK CURRIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 88		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37662		
NAME:	MRS. MARY MARGARET DENTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	204 SAINT CHARLES PL.		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		
NAME:	MR. RON JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5245 W. ALLENS BRIDGE ROAD		
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37743		
NAME:	REV. NICOLE KREWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1810 FAIRMONT BLVD.		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37971		
NAME:	MRS. IVY LEONARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	130 WILDWOOD COURT		
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37745		
NAME:	MR. JOHN MCGUFFIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	91 FAIRWAY DRIVE		
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37743		
NAME:	MR. PETER L. PALMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 15066		
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37415		

NAME:	MR. WES ROBBINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 4075		
CITY/ST/ZIP/CO:	CLEVELAND, TN 37320		
NAME:	MRS. JEWELL MCKINNEY PORTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	304 E. CENTER ST.		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		
NAME:	MR. JAMES O. SEXTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	474 OLD SHILOH RD.		
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37743		
NAME:	MRS. BRENDA STEVENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	139 JERALDSTOWN RD.		
CITY/ST/ZIP/CO:	FALL BRANCH, TN 37656		
NAME:	MRS. BARBARA STREET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	963 BULLOCK HOLLOW ROAD		
CITY/ST/ZIP/CO:	BRISTOL, TN 37620		
NAME:	BISHOP MARY VIRGINIA TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 850		
CITY/ST/ZIP/CO:	ALCOA, TN 37701		
NAME:	MR. WILLIE ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	142 N. SUNSET ST.		
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37743		
NAME:	MR. BRYAN A. JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1159 ISAHAYA LN.		
CITY/ST/ZIP/CO:	ATHENS, TN 37303		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MR. BRADLEY S. WILLIAMS	MR. BRADLEY S. WILLIAMS,	1/10/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT/CEO	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			